

1806 **CERTIFICATE OF DEATH**

01792

Reg. Dist. No. ....

|  |   |   |   |  |   |   |  |
|--|---|---|---|--|---|---|--|
| <b>1. PLACE OF DEATH</b>   |   |   |   | <b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>                                   |   |   |  |
| COUNTY <b>GARRETT</b>  |   | STATE <b>MARYLAND</b>   |   | COUNTY <b>GARRETT</b>  |   |   |  |
| CITY (If outside corporate limits, write RURAL and give nearest town)  |   | LENGTH OF STAY (In this place)  |   | CITY (If outside corporate limits, write RURAL and give nearest town)          |   |   |  |
| TOWN <b>KITZMILLER</b>   |   | <b>1 Yrs.</b>   |   | TOWN <b>KITZMILLER</b>   |   |   |  |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>WILLOW STREET</b>   |   |   |   | STREET ADDRESS (If rural give location) <b>E STREET</b>                        |   |   |  |
| <b>3. NAME OF DECEASED</b> (First) (Middle) (Last)<br><b>GLENN -- BARTON</b>   |   |   |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>FEB. 25, 1956</b>           |   |   |  |
| <b>5. SEX</b><br><b>MALE</b>   | <b>6. COLOR OR RACE</b><br><b>WHITE</b> | <b>7. SINGLE, MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>MARRIED</b>                                      | <b>8. DATE OF BIRTH</b><br><b>OCT. 30, 1905</b> |  | <b>9. AGE last birthday</b><br><b>50</b> yrs. | <b>IF UNDER 1 YEAR</b> (Months) (Days) <b>IF UNDER 24 HRS.</b> (Hours) (Min.)           |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if  |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b>  |   | <b>11. BIRTHPLACE</b> (State or foreign country)                               |   | <b>12. CITIZEN OF WHAT COUNTRY?</b>   |  |
| <b>Station Agent</b>   |   | <b>W.M.D. Railroad</b>  |   | <b>Sutton, W.Va.</b>   |   | <b>U.S.A.</b>   |  |
| <b>13. FATHER'S NAME</b><br><b>CHARLES LESLIE BARTON, SR.</b>  |   |   |   | <b>14. MOTHER'S MAIDEN NAME</b><br><b>VIRGINIA CAROLINE HOOVER</b>             |   |   |  |
| <b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no or unk.) <b>NO</b>  |   | <b>16. SOCIAL SECURITY NO.</b><br><b>705-03-6110</b>  |   | <b>17. INFORMANT &amp; ADDRESS</b><br><b>MRS. ALMA BARTON, KITZMILLER, Md.</b> |   |   |  |
| <b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>  |   |   |   |  |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b>   |  |
| <b>420.1 IMMEDIATE CAUSE</b> (A) <b>Acute Coronary Thrombosis</b>  |   |   |   |  |   | <b>2 wks.</b>   |  |
| <b>ANTECEDENT CAUSE(S)</b> (B) <b>Coronary Heart Disease</b>   |   |   |   |  |   | <b>3 mos.</b>   |  |
| <b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE</b> (C) <b>Hypertension</b>  |   |   |   |  |   | <b>6 mos.</b>   |  |
| <b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>  |   |   |   |  |   |   |  |
| <b>19a. DATE OF OPERATION</b>  |   | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |   |  |   | <b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| <b>21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>  |   | <b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>                                 |   | <b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)            |   |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)  |   | <b>21e. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> |   | <b>21f. HOW DID INJURY OCCUR?</b>  |   |   |  |
| <b>22. I hereby certify that I attended the deceased from Feb. 25, 1956, to Feb. 25, 1956, that I last saw the deceased alive on Feb. 25, 1956, and that death occurred at 12:45 PM, from the causes and on the date stated above.</b> |   |   |   |  |   |   |  |
| <b>SIGNATURE</b><br><i>Keith Calverdale</i>  |   |   |   | <b>DATE SIGNED</b><br><i>Feb. 25-56</i>  |   |   |  |
| <b>23. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>BURIAL</b>   |   |   |   | <b>DATE THEREOF</b><br><b>2/28/56</b>  |   | <b>NAME OF CEMETERY OR CREMATORY</b><br><b>I.O.O.F. CEMETERY</b>                        |  |
|  |   |   |   | <b>LOCATION (City, town, or county)</b><br><b>EIK GARDEN, MINERALCO. W.Va</b>  |   | <b>(State)</b>  |  |
| <b>24. REC'D BY REGISTRAR</b>  |   | <b>REGISTRAR'S SIGNATURE</b><br><i>Cliff Parrish</i>  |   | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><i>Otho H. Sharkey</i>              |   | <b>ADDRESS</b><br><b>Blaine, W.Va</b>   |  |
| <b>DATE</b><br><b>FEB. 27/56</b>   |   |   |   |  |   |   |  |

INSTRUCTIONS

**1** **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**2** **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

# CERTIFICATE OF DEATH

|               |                |
|---------------|----------------|
| DATE OF DEATH | PLACE OF DEATH |
| TIME OF DEATH | Cause of Death |
| Age           | Sex            |
| Color         | Marital Status |
| Occupation    | Education      |

|                        |                        |
|------------------------|------------------------|
| Signature of Physician | Signature of Registrar |
| Signature of Coroner   | Signature of Informant |

DECEASED: **WILLIAM J. HARRIS**  
 PLACE OF BIRTH: **NEW YORK, N.Y.**  
 DATE OF BIRTH: **1901**  
 PLACE OF DEATH: **SEATTLE, WASH.**  
 DATE OF DEATH: **MARCH 1, 1956**

CAUSE OF DEATH: **HEART DISEASE**  
 MANNER OF DEATH: **NATURAL**  
 PLACE OF INTERMENT: **CATHOLIC CEMETERY**  
 NAME OF CEMETERY: **ST. ANNE'S CATHOLIC CEMETERY**

NAME OF PHYSICIAN: **DR. JAMES H. HARRIS**  
 NAME OF REGISTRAR: **MISS MARY J. HARRIS**  
 NAME OF CORONER: **MR. JAMES H. HARRIS**  
 NAME OF INFORMANT: **MR. JAMES H. HARRIS**

NAME OF PHYSICIAN: **DR. JAMES H. HARRIS**  
 NAME OF REGISTRAR: **MISS MARY J. HARRIS**  
 NAME OF CORONER: **MR. JAMES H. HARRIS**  
 NAME OF INFORMANT: **MR. JAMES H. HARRIS**

NAME OF PHYSICIAN: **DR. JAMES H. HARRIS**  
 NAME OF REGISTRAR: **MISS MARY J. HARRIS**  
 NAME OF CORONER: **MR. JAMES H. HARRIS**  
 NAME OF INFORMANT: **MR. JAMES H. HARRIS**

NAME OF PHYSICIAN: **DR. JAMES H. HARRIS**  
 NAME OF REGISTRAR: **MISS MARY J. HARRIS**  
 NAME OF CORONER: **MR. JAMES H. HARRIS**  
 NAME OF INFORMANT: **MR. JAMES H. HARRIS**

NAME OF PHYSICIAN: **DR. JAMES H. HARRIS**  
 NAME OF REGISTRAR: **MISS MARY J. HARRIS**  
 NAME OF CORONER: **MR. JAMES H. HARRIS**  
 NAME OF INFORMANT: **MR. JAMES H. HARRIS**

**BUREAU V. 1**  
**MAR 1 1956**  
**RECEIVED**

## CERTIFICATE OF DEATH

01793

Reg. Dist. No. 171

1897

|  |                       |  |                       |  |                 |                              |                             |
|--|-----------------------|--|-----------------------|--|-----------------|------------------------------|-----------------------------|
| 1. PLACE OF DEATH  |                       |  |                       | 2. USUAL RESIDENCE (HOME) OF DECEASED  |                 |                              |                             |
| COUNTY <u>Garrett</u>  |                       | MARYLAND   |                       | STATE <u>Maryland</u>  |                 | COUNTY <u>Garrett</u>        |                             |
| CITY (If outside corporate limits, write RURAL and give nearest town)  |                       | LENGTH OF STAY (In this place)   |                       | CITY (If outside corporate limits, write RURAL and give nearest town)            |                 |                              |                             |
| TOWN <u>Grantsville, Md.</u>   |                       | <u>Life</u>  |                       | TOWN <u>Grantsville, Md.</u>   |                 |                              |                             |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS  |                       |  |                       | STREET ADDRESS (If rural give location)  |                 |                              |                             |
| 3. NAME OF DECEASED (Type or Print)  |                       |  |                       | 4. DATE OF DEATH   |                 |                              |                             |
| (First) <u>ETHEL</u> (Middle) <u>BROADWATER</u> (Last)   |                       |  |                       | (Month) <u>Feb.</u> (Day) <u>11</u> (Year) <u>1956</u>                           |                 |                              |                             |
| 5. SEX   | 6. COLOR OR RACE      | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)   | 8. DATE OF BIRTH      | 9. AGE last birthday   | IF UNDER 1 YEAR |                              |                             |
| <u>Female</u>  | <u>white</u>          | <u>Single</u>  | <u>July, 10, 1885</u> | <u>70</u> yrs.   | Months          | Days                         | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                       | 10b. KIND OF BUSINESS OR INDUSTRY  |                       | 11. BIRTHPLACE (State or foreign country)  |                 | 12. CITIZEN OF WHAT COUNTRY? |                             |
| <u>Housekeeper</u>   |                       | <u>own home</u>  |                       | <u>Grantsville, Md.</u>  |                 | <u>U.S.A.</u>                |                             |
| 13. FATHER'S NAME  |                       |  |                       | 14. MOTHER'S MAIDEN NAME   |                 |                              |                             |
| <u>James S. Broadwater</u>   |                       |  |                       | <u>Merian Frost</u>  |                 |                              |                             |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)  |                       | 16. SOCIAL SECURITY NO.  |                       | 17. INFORMANT & ADDRESS  |                 |                              |                             |
| (If Yes, give war or dates of service)   |                       | <u>218-24-8226</u>   |                       | <u>Miss Viola Broadwater, Grantsville</u>  |                 |                              |                             |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |                       |  |                       | 18. MEDICAL CERTIFICATION  |                 |                              |                             |
| 420.0 IMMEDIATE CAUSE (A) <u>acute myocardial infarction</u>   |                       |  |                       | INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u>                                   |                 |                              |                             |
| ANTECEDENT CAUSE(S) DUE TO (B) <u>arteriosclerotic heart disease</u>   |                       |  |                       | <u>25 years</u>  |                 |                              |                             |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Generalized arteriosclerosis</u>   |                       |  |                       | <u>25 years</u>  |                 |                              |                             |
| 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  |                       |  |                       |  |                 |                              |                             |
| 19a. DATE OF OPERATION   |                       | 19b. MAJOR FINDINGS OF OPERATION   |                       | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                 |                              |                             |
| <u>2/14/56</u>   |                       |  |                       |  |                 |                              |                             |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |                       | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)                                 |                       | 21c. WHERE DID INJURY OCCUR? (City or town)                                      |                 | (County) (State)             |                             |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |                       | 21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work |                       | 21f. HOW DID INJURY OCCUR?   |                 |                              |                             |
|  |                       |  |                       |  |                 |                              |                             |
| 22. I hereby certify that I attended the deceased from <u>July 1, 1956</u> to <u>Feb. 11, 1956</u> , that I last saw the deceased alive on <u>Feb. 11, 1956</u> , and that death occurred at <u>10:11 A.M.</u> from the causes and on the date stated above. |                       |  |                       |  |                 |                              |                             |
| SIGNATURE  |                       | ADDRESS (Street, city, town, state)  |                       | DATE SIGNED  |                 |                              |                             |
| <u>G. Paige Strong</u> M.D.  |                       | <u>Salisbury Penna</u>   |                       | <u>Feb. 12, 1956</u>   |                 |                              |                             |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY)   | DATE THEREOF          | NAME OF CEMETERY OR CREMATORY  |                       | LOCATION (City, town, or county)   |                 | (State)                      |                             |
| <u>Burial</u>  | <u>2/14/56</u>        | <u>Grantsville</u>   |                       | <u>Grantsville, Garrett Co. Md.</u>  |                 |                              |                             |
| 24. REC'D BY REGISTRAR   | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE   |                       | ADDRESS  |                 |                              |                             |
| DATE <u>Feb. 13, 1956</u>  | <u>J. B. Emery</u>    | <u>Donald J. Newman</u>  |                       | <u>Grantsville, Md.</u>  |                 |                              |                             |

**INSTRUCTIONS**

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**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

CERTIFICATE OF DEATH

BUREAU V. S.

FEB 16 1956

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1808

## CERTIFICATE OF DEATH

01794

Reg. Dist. No. 166

|   |                  |  |                                   |   |  |  |                                |
|---|------------------|--|-----------------------------------|---|--|--|--------------------------------|
| 1. PLACE OF DEATH   |                  |  |                                   | 2. USUAL RESIDENCE (HOME) OF DECEASED                                 |  |  |                                |
| COUNTY <b>CARRETT</b>   |                  | STATE <b>MARYLAND</b>  |                                   | COUNTY <b>CARRETT</b>   |  |  |                                |
| CITY (If outside corporate limits, write RURAL and give nearest town)   |                  | LENGTH OF STAY (In this place)   |                                   | CITY (If outside corporate limits, write RURAL and give nearest town) |  |  |                                |
| <b>OAKLAND</b>  |                  | <b>11 days</b>   |                                   | <b>CRELLIN</b>  |  |  |                                |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS   |                  |  |                                   | STREET ADDRESS (If rural give location)                               |  |  |                                |
| <b>GARRETT COUNTY MEMORIAL HOSP.</b>  |                  |  |                                   |   |  |  |                                |
| 3. NAME OF DECEASED (Type or Print)   |                  |  |                                   | 4. DATE OF DEATH  |  |  |                                |
| (First) <b>ERVIN</b>  |                  | (Middle) <b>TRENTON</b>  |                                   | (Last) <b>FIKE</b>  |  |  |                                |
| 5. SEX  | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)   | 8. DATE OF BIRTH                  | 9. AGE last birthday  | IF UNDER 1 YEAR                              |  |                                |
| <b>M</b>  | <b>W</b>         | <b>MARRIED</b>   | <b>SEPT. 14, 1902</b>             | <b>53</b> yrs.  | Months <b>9</b>                              | Days <b>12</b>                           | Hours <b>19</b> Min. <b>56</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                  |  | 10b. KIND OF BUSINESS OR INDUSTRY |   | 11. BIRTHPLACE (State or foreign country)    |  | 12. CITIZEN OF WHAT COUNTRY?   |
| <b>MAJOR CARRIER &amp; MINISTER</b>   |                  |  |                                   |   | <b>EGLON, WEST VIRGINIA</b>                  |  | <b>U.S.A.</b>                  |
| 13. FATHER'S NAME   |                  |  |                                   | 14. MOTHER'S MAIDEN NAME  |  |  |                                |
| <b>FIKE, AMELUIS</b>  |                  |  |                                   | <b>BITTINGER, MARY</b>  |  |  |                                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)  |                  |  | 16. SOCIAL SECURITY NO.           |   | 17. INFORMANT & ADDRESS                      |  |                                |
| <b>No</b>   |                  |  |                                   |   | <b>Mrs. Lucy Virginia Fike, Crellin, Md.</b> |  |                                |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |                  |  |                                   | 18. MEDICAL CERTIFICATION   |  |  |                                |
| IMMEDIATE CAUSE (A) <b>Coronary occlusion</b>   |                  |  |                                   | INTERVAL BETWEEN ONSET AND DEATH<br><b>11 Days</b><br><b>1 year</b>   |  |  |                                |
| ANTECEDENT CAUSE(S) DUE TO (B) <b>Coronary heart Disease</b>  |                  |  |                                   |   |  |  |                                |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  |                  |  |                                   |   |  |  |                                |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  |                  |  |                                   |   |  |  |                                |
| 19a. DATE OF OPERATION  |                  | 19b. MAJOR FINDINGS OF OPERATION   |                                   | 20. AUTOPSY?  |  |  |                                |
|   |                  |  |                                   | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |                                |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                  | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)   |                                   | 21c. WHERE DID INJURY OCCUR? (City or town)                           |  | (County) (State)                         |                                |
|   |                  |  |                                   |   |  |  |                                |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |                  | 21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> |                                   | 21f. HOW DID INJURY OCCUR?  |  |  |                                |
|   |                  |  |                                   |   |  |  |                                |
| 22. I hereby certify that I attended the deceased from <b>Feb. 26, 1956</b> to <b>Feb. 26, 1956</b> , that I last saw the deceased alive on <b>Feb. 26, 1956</b> , and that death occurred at <b>10:50 AM</b> , from the causes and on the date stated above. |                  |  |                                   |   |  |  |                                |
| SIGNATURE <b>A. R. Mance</b>  |                  |  |                                   | DATE SIGNED <b>Feb. 27, 1956</b>                                      |  |  |                                |
| ADDRESS (Street, city, town, state)   |                  |  |                                   | M.D. <b>Oakland, Md.</b>  |  |  |                                |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY)  |                  | DATE THEREOF   |                                   | NAME OF CEMETERY OR CREMATORY   |  | LOCATION (City, town, or county) (State) |                                |
| <b>Removal &amp; Burial</b>   |                  | <b>Feb. 29, 1956</b>   |                                   | <b>Egdon Cemetery</b>   |  | <b>Egdon, West Virginia.</b>             |                                |
| 24. REC'D BY REGISTRAR  |                  | REGISTRAR'S SIGNATURE  |                                   | 25. FUNERAL DIRECTOR'S SIGNATURE                                      |  | ADDRESS                                  |                                |
| <b>2/29/56</b>  |                  | <b>Julia A. Rawan, Jr.</b>   |                                   | <b>P. R. Watson, Terra Alta, W.Va.</b>                                |  |  |                                |



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BUREAU V. S.

MAR 2 1956

RECEIVED

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1809 CERTIFICATE OF DEATH

01795

166

Reg. Dist. No.

|   |                                   |  |                                  |
|---|-----------------------------------|--|----------------------------------|
| 1. PLACE OF DEATH   |                                   | 2. USUAL RESIDENCE (HOME) OF DECEASED                                  |                                  |
| COUNTY <u>GARRETT</u>   | STATE <u>MD</u>                   | COUNTY <u>GARRETT</u>  | STATE <u>MD</u>                  |
| CITY (If outside corporate limits, write RURAL and give nearest town)   | LENGTH OF STAY (In this place)    | CITY (If outside corporate limits, write RURAL and give nearest town)  | LENGTH OF STAY (In this place)   |
| TOWN <u>DEER PARK MD</u>  |                                   | TOWN <u>DEER PARK MD</u>   |                                  |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS   |                                   | STREET ADDRESS (If rural give location)                                |                                  |
| 3. NAME OF DECEASED (Type or Print)   |                                   | 4. DATE OF DEATH   |                                  |
| <u>MANILA B FRIEND</u>  |                                   | <u>FEB-13 1956</u>   |                                  |
| 5. SEX  | 6. COLOR OR RACE                  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)                       | 8. DATE OF BIRTH                 |
| <u>FEMALE</u>   | <u>WHITE</u>                      | <u>MARRIED</u>   | <u>MARCH-9-1897</u>              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)                              | 12. CITIZEN OF WHAT COUNTRY?     |
| <u>HOUSEWIFE</u>  |                                   | <u>FAIRFAX, W.VA.</u>  | <u>U.S.</u>                      |
| 13. FATHER'S NAME   |                                   | 14. MOTHER'S MAIDEN NAME   |                                  |
| <u>TRUMAN DPOLE</u>   |                                   | <u>GRACIE TURNER</u>   |                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)   |                                   | 16. SOCIAL SECURITY NO.  |                                  |
|   |                                   | <u>CLAUDE FRIEND DEER PARK MD</u>                                      |                                  |
| 18. MEDICAL CERTIFICATION   |                                   |  | INTERVAL BETWEEN ONSET AND DEATH |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |                                   |  |                                  |
| IMMEDIATE CAUSE (A) <u>Arterio-sclerotic heart disease</u>  |                                   |  | <u>Several yrs.</u>              |
| 260X ANTECEDENT CAUSE(S) DUE TO (B)   |                                   |  |                                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  |                                   |  |                                  |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Diabetes mellitus</u>   |                                   |  |                                  |
| 19a. DATE OF OPERATION  |                                   | 19b. MAJOR FINDINGS OF OPERATION                                       |                                  |
|   |                                   |  |                                  |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                                   | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) |                                  |
|   |                                   |  |                                  |
| 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  |                                   |  |                                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |                                   | 21e. INJURY OCCURRED While at work Not while at work                   |                                  |
|   |                                   |  |                                  |
| 21f. HOW DID INJURY OCCUR?  |                                   |  |                                  |
|   |                                   |  |                                  |
| 22. I hereby certify that I attended the deceased from <u>Feb. 12, 1956</u> , to <u>Feb. 13, 1956</u> , that I last saw the deceased alive on <u>Feb. 12, 1956</u> , and that death occurred at <u>1 A.M.</u> from the causes and on the date stated above. |                                   |  |                                  |
| SIGNATURE <u>Joseph Alvarez</u>   |                                   | ADDRESS (Street, city, town, state) <u>101 Third St Oakland MD</u>     |                                  |
| DATE <u>2/14/56</u>   |                                   | DATE SIGNED <u>February 13, 1956</u>                                   |                                  |
| 23. BURIAL, CREMATION, REMOVAL (Specify)  |                                   | NAME OF CEMETERY OR CREMATORY  |                                  |
| <u>BURIAL</u>   |                                   | <u>DEER PARK CEMETERY</u>  |                                  |
| DATE THEREOF <u>FEB-14-1956</u>   |                                   | LOCATION (City, town, or county) (State) <u>DEER PARK MD</u>           |                                  |
| 24. REC'D BY REGISTRAR  |                                   | FUNERAL DIRECTOR'S SIGNATURE   |                                  |
| REGISTRAR'S SIGNATURE <u>Julia C. Rowan</u>   |                                   | <u>Emory Bolden</u>  |                                  |
| DATE <u>2/14/56</u>   |                                   | ADDRESS <u>OAKLAND</u>   |                                  |

CERTIFICATE OF DEATH

BUREAU V. S.

MAR 7 1956

RECEIVED

2/14/26  
J. R. Brown



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film G194 3-20-56 et

## CERTIFICATE OF DEATH

017966 6

Reg. Dist. No.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GARRETT</b> <b>MD</b><br>b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>OAKLAND</b><br>c. LENGTH OF STAY IN 1b   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MD</b> b. COUNTY <b>GARRETT</b><br>c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>OAKLAND MD</b><br>d. STREET ADDRESS             |  | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print) <b>OSCAR</b> First <b>FRIEND</b> Middle Last<br>4. DATE OF DEATH <b>FEB - 22</b> Month Day Year <b>1956</b>   |  | 5. SEX <b>MALE</b> 6. COLOR OR RACE <b>WHITE</b> 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH <b>MARCH-6-1867</b> 9. AGE (In years last birthday) <b>88</b> yrs. IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min.  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) <b>DEER PARK U.S.</b> 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13. FATHER'S NAME <b>SAMUEL FRIEND</b> 14. MOTHER'S MAIDEN NAME <b>IDA RIDINGS</b>  |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT <b>TONY SMITH</b> Address <b>WARREN OHIO</b>  |  | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CORONARY OCCLUSION</b><br>420.0 DUE TO<br>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>ARTERIAL SCLEROSIS</b><br>DUE TO (c) <b>SCLEROTIC HEART DISEASE</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  | 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) |  | 21. I certify that I attended the deceased from <b>1-15</b> 19 <b>56</b> , to <b>2-21</b> 19 <b>56</b> , that I last saw the deceased alive on <b>2-21</b> 19 <b>56</b> , and that death occurred at <b>2 A.</b> M, from the causes and on the date stated above.<br>ADDRESS (Street, city or town, state) DATE SIGNED<br>ACTUAL SIGNATURE <b>James H. Feaster, Jr.</b> M.D. <b>58 2-1 St Oakland Md. 2-27-56</b><br>PHYSICIAN'S NAME (Type) <b>JAMES H. FEASTER, JR., M. D.</b>   |  |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> 22b. DATE THEREOF <b>FEB-25-1956</b> 22c. NAME OF CEMETERY OR CREMATORY <b>GEORGE CEMETERY</b> 22d. LOCATION (City, town, or county) (State) <b>SWANTON MD.</b>                         |  | 23. FUNERAL DIRECTOR'S SIGNATURE <b>Emory Bollen</b> ADDRESS <b>OAKLAND MD</b> 24a. REC'D BY REGISTRAR <b>2/25/56</b> 24b. REGISTRAR'S SIGNATURE <b>John P. Rowan JR</b>  |  |  |  |

166

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS

*[Faint, mostly illegible handwritten text in the main body of the certificate, including fields for name, date, and cause of death.]*

BUREAU V. S.

MAR 7 1956

RECEIVED

3/5/56

1811

## CERTIFICATE OF DEATH

01797

Reg. Dist. No. 171

|   |                                  |   |                                       |   |  |  |   |
|---|----------------------------------|---|---------------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Garrett</b> MARYLAND  |                                  |   |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Md.</b> b. COUNTY <b>Garrett</b> |  |  |   |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><b>X Accident, Md.</b>  |                                  |   |                                       | c. LENGTH OF STAY IN 1b<br><b>Life</b>  |  |  |   |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION<br><b>M</b>  |                                  |   |                                       | e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><b>Accident, Md.</b>                              |  |  |   |
| d. STREET ADDRESS   |                                  |   |                                       | e. IS RESIDENCE ON A FARM?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                     |  |  |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>KATHARINE SUSANNA HAENFTLING</b>   |                                  |   |                                       | 4. DATE OF DEATH<br>Month Day Year<br><b>Feb. 24 1956</b>   |  |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 3 1908</b> |   | 9. AGE (In years last birthday) yrs<br><b>77</b> | 10. IF UNDER 1 YEAR IF UNDER 24 HRS<br>Months Days Hours Min.                      |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>own home</b>  |                                       | 11. BIRTHPLACE (State or foreign country)<br><b>Accident, Md.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                      |   |
| 13. FATHER'S NAME<br><b>Leonard Burkhardt</b>   |                                  |   |                                       | 14. MOTHER'S MAIDEN NAME<br><b>Magdelene Gruber</b>   |  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  |                                       | 17. INFORMANT<br>Address<br><b>Carl Haenftlin, Accident, Md.</b>  |  |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic cardiovascular disease</b><br><b>422.1</b> DUE TO <b>disease</b><br>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last, (b) _____<br>DUE TO (c) _____ |                                  |   |                                       |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>years</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Senile Degeneration &amp; Psychosis</b>  |                                  |   |                                       |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                                  |   |                                       | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |  |  |   |
| 20c. TIME OF INJURY Month, Day, Year<br>Hour a. m. p. m. <b>19</b>  |                                  |   |                                       | 20d. INJURY OCCURRED<br>While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>                             |  | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)             |   |
| 20f. (City or town) (County) (State)  |                                  |   |                                       | 20g. (City or town) (County) (State)  |  |  |   |
| 21. I certify that I attended the deceased from <b>5/9/55</b> , 19 <b>55</b> , to <b>1/7</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>1/7</b> , 19 <b>56</b> , and that death occurred at <b>11:15 PM</b> , from the causes and on the date stated above.  |                                  |   |                                       |   |  |  |   |
| ACTUAL SIGNATURE <b>Thomas J. Gentry</b>  |                                  |   |                                       | DATE SIGNED <b>2/25/56</b>  |  |  |   |
| PHYSICIAN'S NAME (Type) <b>THOMAS F. LUSBY MD</b>   |                                  |   |                                       |   |  |  |   |
| 22a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 22b. DATE THEREOF<br><b>2/27/56</b>   |                                       | 22c. NAME OF CEMETERY OR CREMATORY<br><b>Zion Lutheran</b>  |  | 22d. LOCATION (City, town, or county) (State)<br><b>Accident, Garrett Co., Md.</b> |   |
| 23. FUNERAL DIRECTOR'S SIGNATURE<br><b>Ronald J. Newman</b>   |                                  |   |                                       | ADDRESS<br><b>Grantsville, Md.</b>  |  | 24a. REC'D BY REGISTRAR<br>DATE <b>Feb 25, 1956</b>                                |   |
|   |                                  |   |                                       | 24b. REGISTRAR'S SIGNATURE<br><b>J.B. Emory</b>   |  | R.   |   |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: This certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

FEB 22 1961



1812

## CERTIFICATE OF DEATH

Reg. Dist. No.

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>GARRETT</b> <b>MARYLAND</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <b>WEST VIRGINIA</b> b. COUNTY <b>PRESTON</b>                |  |  |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><b>OAKLAND</b>   |  |   |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)<br><b>TERRA ALTA</b>  |  |  |  |
| c. LENGTH OF STAY IN 1b<br><b>3 weeks</b>  |  |   |  | d. STREET ADDRESS<br><b>ROUTE # 3 - BOX 30</b>   |  |  |  |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION<br><b>Garrett County Memorial Hospital</b>  |  |   |  | e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>JAMES</b> Middle <b>CLINTON</b> Last <b>HOLLIS, SR.</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>FEBRUARY</b> Day <b>20</b> Year <b>1956</b>   |  |  |  |
| 5. SEX<br><b>M</b>   |  | 6. COLOR OR RACE<br><b>W</b>  |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>       |  | 8. DATE OF BIRTH<br><b>FEB. 11, 1881</b>   |  |
| 9. AGE (In years last birthday)<br><b>75 yrs.</b>  |  | 10. IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>9</b> Hours <b></b> Min. <b></b> |  | 11. BIRTHPLACE (State or foreign country)<br><b>TERRA ALTA, W.VA.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Lumberman &amp; Farmer</b>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farm and Lumber</b>  |  |  |  |
| 13. FATHER'S NAME<br><b>WILLIAM H. HOLLIS</b>  |  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>ELIZABETH MOORE</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>234-36-7023</b>  |  |   |  | 17. INFORMANT<br><b>J.C. HOLLIS, JR.</b> Address <b>TERRA ALTA, W.VA.</b>  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br>PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>CONGESTIVE HEART FAILURE</b><br><b>292.1</b> DUE TO (b) <b>ARTERIOSCLEROTIC CARDIO-</b><br>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) <b>VASCULAR DISEASE</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b><br><b>YEARS</b>   |  |   |  |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>UREMIA -</b>  |  |   |  |  |  |  |  |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |  |   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |  |  |  |
| 20c. TIME OF INJURY Month, Day, Year<br>Hour <b>a.m.</b> <b>19</b> p.m. <b></b>  |  |   |  | 20d. INJURY OCCURRED<br>While <input type="checkbox"/> Not while <input type="checkbox"/><br>at work <input type="checkbox"/> at work <input type="checkbox"/> |  | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)<br><b></b>              |  |
| 20f. (City or town)<br><b></b>   |  |   |  | 20g. (County)<br><b></b>   |  | 20h. (State)<br><b></b>  |  |
| 21. I certify that I attended the deceased from <b>2-3</b> <b>1956</b> , to <b>2-20</b> <b>1956</b> , that I last saw the deceased alive on <b>2-20</b> <b>1956</b> , and that death occurred at <b>9:00 PM</b> , from the causes and on the date stated above.<br>ADDRESS (Street, city or town, state) <b>THOMAS F. LUSBY</b> DATE SIGNED <b>2/20/56</b><br>ACTUAL SIGNATURE <b>Thomas F. Lusby</b> M.D.<br>PHYSICIAN'S NAME (Type) <b>OAKLAND, MARYLAND</b> |  |   |  |  |  |  |  |
| 22a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 22b. DATE THEREOF<br><b>2/23/56</b>   |  | 22c. NAME OF CEMETERY OR CREMATORY<br><b>Terra Alta Cemetery</b>   |  | 22d. LOCATION (City, town, or county) (State)<br><b>Terra Alta, West Virginia</b>              |  |
| 23. FUNERAL DIRECTOR'S SIGNATURE<br><b>Williamson</b>  |  |   |  | ADDRESS<br><b>Terra Alta W Va</b>  |  | 24a. REC'D BY REGISTRAR<br><b>2/23/56</b>  |  |
| 24b. REGISTRAR'S SIGNATURE<br><b>Julius Rowan</b>  |  |   |  |  |  |  |  |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. This certificate has been signed by the attending physician and completely filled in by the funeral director. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



RECEIVED

NOV 1961

RECEIVED

11-19-61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

04061 Dist.

No. 166

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH:   |  | 2. USUAL RESIDENCE (HOME) OF DECEASED:  |   |
| COUNTY <u>Garrett</u>  | MARYLAND   | STATE <u>Maryland</u>   | COUNTY <u>Garrett</u>   |
| CITY (If outside corporate limits, write RURAL OR and give nearest town)<br>TOWN <u>Rural Accident</u>   |  | CITY (If outside corporate limits write RURAL and give nearest town)<br>OR<br>TOWN <u>Rural Accident Maryland</u>   |   |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS  |  | STREET ADDRESS (If rural, give location)  |   |
| 3. NAME OF DECEASED:<br>(Type or Print)  |  | 4. DATE OF DEATH  |   |
| (First) <u>HARRY</u> (Middle) <u>LUTHER</u> (Last) <u>KAMP</u>   |  | (Month) <u>Feb.</u> (Day) <u>26</u> (Year) <u>1956</u>  |   |
| 5. SEX: <u>male</u>  | 6. COLOR OR RACE: <u>white</u>   | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>   | 8. DATE OF BIRTH: <u>Mar. 24, 1899</u>                                  |
| 9. AGE last birthday: <u>56</u> yrs.   |  | 10. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY: <u>Farm work</u>   |   |
| 11. BIRTHPLACE (State or foreign country): <u>Accident, Md.</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |   |
| 13. FATHER'S NAME: <u>Harry Kamp</u>   |  | 14. MOTHER'S MAIDEN NAME: <u>Martha Stark</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  |  | 16. SOCIAL SECURITY No.: <u>710-14-5271</u>   |   |
| 17. INFORMANT & ADDRESS: <u>Mrs. Rose Kamp, Accident M.D. Md.</u>  |  |   |   |
| 18. MEDICAL CERTIFICATION  |  |   |   |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| <u>420.1</u><br>Immediate cause (a) <u>CORONARY OCCLUSION</u><br>DUE TO<br>Antecedent cause(s) (b) .....<br>Diseases or conditions, if any, giving rise to the above cause DUE TO<br>stating underlying cause last (c) .....   |  |   |   |
| 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |  |   |   |
| 19a. DATE OF OPERATION:  |  |   | 19b. MAJOR FINDING OF OPERATION:  |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |   |   |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>   | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY                                 | 21c. (City or town) (County) (State)  |   |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.   | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . |  |   |   |
| SIGNATURE <u>R. J. Baumgartner</u>   |  | CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>2/27/56</u><br>DEPUTY MEDICAL EXAMINER <input type="checkbox"/><br>M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/> |   |
| 23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>  | DATE THEREOF: <u>2/29/56</u>   | NAME OF CEMETERY OR CREMATORY: <u>Garrett Lutheran</u>  | LOCATION (City, town, or county) (State): <u>Love, Garrett Co., Md.</u> |
| DATE REC'D BY LOCAL REGISTRY: <u>2/29/56</u>   | REGISTRAR'S SIGNATURE: <u>Julia A. Brown</u>   | 24. FUNERAL DIRECTOR: <u>Ronald Newman</u>  | ADDRESS: <u>Grantsville, Md.</u>  |



1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-35 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01799

1813

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

|   |                             |  |   |   |                 |   |                  |
|---|-----------------------------|--|---|---|-----------------|---|------------------|
| 1. PLACE OF DEATH   |                             |  |   | 2. USUAL RESIDENCE (HOME) OF DECEASED                                 |                 |   |                  |
| COUNTY <u>M.D.</u>  |                             | MARYLAND   |   | STATE <u>M.D.</u>   |                 | COUNTY <u>M.D.</u>  |                  |
| CITY (If outside corporate limits, write RURAL and give nearest town)   |                             | LENGTH OF STAY (in this place)   |   | CITY (If outside corporate limits, write RURAL and give nearest town) |                 | OR  |                  |
| TOWN <u>OAKLAND</u>   |                             |  |   | TOWN <u>OAKLAND</u>   |                 | X   |                  |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>CARETTE CO. HOSPITAL</u>   |                             |  |   | STREET ADDRESS (If rural give location) <u>55 PENNINGTON ST. D.C.</u> |                 |   |                  |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>ARTHUR LAWTON</u>  |                             |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 7 1956</u>           |                 |   |                  |
| 5. SEX <u>Male</u>  | 6. CO. OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>January 4, 1902</u> | 9. AGE last birthday <u>71</u> yrs.                                   | IF UNDER 1 YEAR |   | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self-employed</u>  |                             | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country) <u>M.D.</u>                 |                 | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                              |                  |
| 13. FATHER'S NAME <u>LAWTON, SAMUEL</u>   |                             |  |   | 14. MOTHER'S MAIDEN NAME <u>W. E. SLACK</u>                           |                 |   |                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  |                             | 16. SOCIAL SECURITY NO. <u>218-05-3506</u>   |   | 17. INFORMANT & ADDRESS <u>HELETH L. TAYLOR, Oakland, Md.</u>         |                 |   |                  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |                             |  |   |   |                 | INTERVAL BETWEEN ONSET AND DEATH                                      |                  |
| IMMEDIATE CAUSE (A) <u>Heart failure</u>  |                             |  |   |   |                 | 30 hrs  |                  |
| ANTECEDENT CAUSE(S) DUE TO (B) <u>Peptic ulcer</u>  |                             |  |   |   |                 | 6 mos.  |                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  |                             |  |   |   |                 |   |                  |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |                             |  |   |   |                 |   |                  |
| 19a. DATE OF OPERATION  |                             | 19b. MAJOR FINDINGS OF OPERATION   |   |   |                 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |                  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                             | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)                                 |   | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)          |                 |   |                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M. A. M. P.)   |                             | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?  |                 |   |                  |
| 22. I hereby certify that I attended the deceased from <u>Feb 7</u> , 19 <u>54</u> , to <u>Feb 7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 16</u> , 19 <u>56</u> , and that death occurred at <u>1:15</u> P.M., from the causes and on the date stated above. |                             |  |   |   |                 |   |                  |
| SIGNATURE <u>E. E. Manner</u> M.D.  |                             |  |   | ADDRESS (Street, city, town, state) <u>Oakland Md</u>                 |                 | DATE SIGNED <u>8 Sept 56</u> (State)                                  |                  |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>  |                             | DATE THEREOF <u>FEB-9-1956</u>   |   | NAME OF CEMETERY OR CREMATORY <u>OAKLAND CEMETERY</u>                 |                 | LOCATION (City, town, or county) <u>OAKLAND M.D.</u>                  |                  |
| 24. REC'D BY REGISTRAR <u>2/9/56</u>  |                             | REGISTRAR'S SIGNATURE <u>John C. Korman</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>                  |                 | ADDRESS <u>OAKLAND MD.</u>  |                  |

BUREAU V. 9

FEB 16 1956

RECEIVED



1

## INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1814 CERTIFICATE OF DEATH

01800

166

Item 9, Film 0192 2-21-56 et

Reg. Dist. No. ....

|   |                               |  |                                   |  |  |   |   |
|---|-------------------------------|--|-----------------------------------|--|--|---|---|
| 1. PLACE OF DEATH   |                               |  |                                   | 2. USUAL RESIDENCE (HOME) OF DECEASED  |  |   |   |
| COUNTY <u>Garrett</u>   |                               | MARYLAND   |                                   | STATE <u>Maryland</u>  |  | COUNTY <u>Garrett</u>   |   |
| CITY (If outside corporate limits, write RURAL and give nearest town)   |                               | LENGTH OF STAY (In this place)   |                                   | CITY (If outside corporate limits, write RURAL and give nearest town)          |  |   |   |
| X TOWN <u>Oakland</u>   |                               | <u>2 days</u>  |                                   | TOWN <u>Mt. Lake Park</u>  |  |   |   |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett County Memorial Hospital</u>   |                               |  |                                   | STREET ADDRESS (If rural give location) <u>P. O. Box 98</u>                    |  |   |   |
| 3. NAME OF DECEASED (Type or Print)   |                               |  |                                   | 4. DATE OF DEATH   |  |   |   |
| (First) <u>Joseph</u> (Middle) <u>Earl</u> (Last) <u>Likens</u>   |                               |  |                                   | (Month) <u>Feb.</u> (Day) <u>4</u> (Year) <u>1956</u>                          |  |   |   |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>7-2-05</u>    | 9. AGE last birthday <u>50</u> <u>51</u> yrs.                                  | IF UNDER 1 YEAR  |   | IF UNDER 24 HRS.                            |
|   |                               |  |                                   | Months Days  |  | Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>  |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY |  | 11. BIRTHPLACE (State or foreign country) <u>West Virginia</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>America</u> |
| 13. FATHER'S NAME <u>Henry Likens</u>   |                               |  |                                   | 14. MOTHER'S MAIDEN NAME <u>Laura Kight</u>                                    |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  |                               | 16. SOCIAL SECURITY NO. <u>232-01-1462</u>   |                                   | 17. INFORMANT & ADDRESS <u>Mt. Lake Flossie Likens, P.O. Box 98, Park, Md.</u> |  |   |   |
| 18. MEDICAL CERTIFICATION   |                               |  |                                   |  |  | INTERVAL BETWEEN ONSET AND DEATH                                      |   |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |                               |  |                                   |  |  |   |   |
| IMMEDIATE CAUSE (A) <u>Septicemia (T.C.U.)</u>  |                               |  |                                   |  |  | <u>17052k</u>   |   |
| ANTECEDENT CAUSE(S) DUE TO (B) <u>Acute Hepatitis</u>   |                               |  |                                   |  |  | <u>30052k</u>   |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)  |                               |  |                                   |  |  |   |   |
| 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |                               |  |                                   |  |  |   |   |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |                                   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                               | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)                                 |                                   | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)                   |  |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |                               | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> |                                   | 21f. HOW DID INJURY OCCUR?   |  |   |   |
| 22. I hereby certify that I attended the deceased from <u>2-2-56</u> , 19....., to <u>2-4-56</u> , 19....., that I last saw the deceased alive on <u>2-4-</u> , 19 <u>56</u> , and that death occurred at <u>9:30</u> AM, from the causes and on the date stated above. |                               |  |                                   |  |  |   |   |
| SIGNATURE <u>R.E. Mauer</u>   |                               | M.D. <u>Oakland Md</u>   |                                   | DATE SIGNED <u>4 Feb 56</u>  |  |   |   |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>  |                               | DATE THEREOF <u>FEB-6-1956</u>   |                                   | NAME OF CEMETERY OR CREMATORY <u>BAYARD CEMETERY</u>                           |  | LOCATION (City, town, or county) <u>BAYARD WYA.</u>                   |   |
| 24. REC'D BY REGISTRAR <u>2/6/56</u>  |                               | REGISTRAR'S SIGNATURE <u>Julius H. Rowson</u>  |                                   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmet Bolden</u>                           |  | ADDRESS <u>OAKLAND MD</u>   |   |

BUREAU V. S.

FEB 16 1900

RECEIVED

**INSTRUCTIONS**

**1** TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly shall be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1815 CERTIFICATE OF DEATH

01801

166

Reg. Dist. No.

|   |                                  |  |   |  |  |  |   |
|---|----------------------------------|--|---|--|--|--|---|
| 1. PLACE OF DEATH<br>COUNTY <u>GARRETT</u> MARYLAND<br>CITY (if outside corporate limits, write RURAL and give nearest town)<br>TOWN <u>RURAL GORMAN MD</u><br>HOSPITAL OR INSTITUTION OR STREET ADDRESS  |                                  |  |   | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE <u>MD</u> COUNTY <u>GARRETT</u><br>CITY (if outside corporate limits, write RURAL and give nearest town)<br>OR TOWN <u>RURAL GORMAN MD</u><br>STREET ADDRESS (if rural give location) |  |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>(First) <u>HENRY</u> (Middle) <u>ORAN</u> (Last) <u>MARTIN</u>   |                                  |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>FEB-17</u> 19 <u>56</u>  |  |  |   |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)<br><u>MARRIED</u>                                     | 8. DATE OF BIRTH<br><u>APRIL-4-1880</u> | 9. AGE last birthday<br><u>75</u> yrs.   | IF UNDER 1 YEAR<br>Months Days Hours Min.                        |  | IF UNDER 24 HRS.<br>Hours Min.              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>RETIRED FARMER</u>  |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY       |  | 11. BIRTHPLACE (State or foreign country)<br><u>RED HOUSE MD</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u> |
| 13. FATHER'S NAME<br><u>CRISS MARTIN</u>  |                                  |  |   | 14. MOTHER'S MAIDEN NAME<br><u>Liza Roth.</u>  |  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT & ADDRESS<br><u>MRS EMMA MARTIN GORMAN MD.</u>   |  |  |   |
| 18. MEDICAL CERTIFICATION   |                                  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |   |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |                                  |  |   |  |  |  |   |
| 2. IMMEDIATE CAUSE (A) <u>CORINARY HEART HEART DISEASE,</u>   |                                  |  |   |  |  |  |   |
| 3. ANTECEDENT CAUSE(S) DUE TO   |                                  |  |   |  |  |  |   |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  |                                  |  |   |  |  |  |   |
| STATING UNDERLYING CAUSE LAST, DUE TO   |                                  |  |   |  |  |  |   |
| 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  |                                  |  |   |  |  |  |   |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION   |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                                  | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)                                 |   | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)   |  |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |                                  | 21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?   |  |  |   |
| 22. I hereby certify that I attended the deceased from <u>SEPTEMBER, 19 1955</u> to <u>FEB-11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb-11</u> , 19 <u>56</u> , and that death occurred at <u>10 A.</u> M., from the causes and on the date stated above. |                                  |  |   |  |  |  |   |
| SIGNATURE <u>[Signature]</u>  |                                  |  |   | ADDRESS (Street, city, town, state)  |  | DATE SIGNED <u>FEB 18th 1956</u>   |   |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY)<br><u>BURIAL</u>   |                                  | DATE THEREOF <u>FEB-20 1956</u>  |   | NAME OF CEMETERY OR CREMATORY<br><u>RED HOUSE CEMETERY</u>   |  | LOCATION (City, town, or county) (State)<br><u>RED HOUSE MD</u>          |   |
| 24. REG'D BY REGISTRAR<br><u>3/20/56</u>  |                                  | REGISTRAR'S SIGNATURE <u>[Signature]</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>[Signature]</u>   |  | ADDRESS<br><u>BALTIMORE MD.</u>  |   |

11.

11

FEB 23 1964

RECEIVED

State of New York

## 1816 CERTIFICATE OF DEATH

01802

9

Reg. Dist. No. ....

|   |                  |   |                         |   |                 |  |                  |
|---|------------------|---|-------------------------|---|-----------------|--|------------------|
| 1. PLACE OF DEATH   |                  |   |                         | 2. USUAL RESIDENCE (HOME) OF DECEASED                                 |                 |  |                  |
| COUNTY <u>Garrett</u>   |                  | MARYLAND  |                         | STATE <u>Maryland</u>   |                 | COUNTY <u>Garrett</u>                    |                  |
| CITY (If outside corporate limits, write RURAL and give nearest town)   |                  | LENGTH OF STAY (In this place)  |                         | CITY (If outside corporate limits, write RURAL and give nearest town) |                 |  |                  |
| TOWN <u>Finzel</u>  |                  | <u>Life</u>   |                         | TOWN <u>Finzel</u>  |                 |  |                  |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS   |                  |   |                         | STREET ADDRESS (If rural give location)                               |                 |  |                  |
| 3. NAME OF DECEASED (Type or Print)   |                  |   |                         | 4. DATE (Month) (Day) (Year)  |                 |  |                  |
| (First) <u>Mary</u> (Middle) <u>May</u> (Last) <u>Metz</u>  |                  |   |                         | DATE OF DEATH <u>Feb. 26th, 1956</u>                                  |                 |  |                  |
| 5. SEX  | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  | 8. DATE OF BIRTH        | 9. AGE last birthday  | IF UNDER 1 YEAR |  | IF UNDER 24 HRS. |
| <u>Female</u>   | <u>White</u>     | <u>Married</u>  | <u>Sept. 13th, 1889</u> | <u>66 yrs.</u>  | Months          | Days                                     | Hours            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                  | 10b. KIND OF BUSINESS OR INDUSTRY   |                         | 11. BIRTHPLACE (State or foreign country)                             |                 | 12. CITIZEN OF WHAT COUNTRY?             |                  |
| <u>Housework</u>  |                  | <u>Own home</u>   |                         | <u>Maryland</u>   |                 | <u>USA</u>                               |                  |
| 13. FATHER'S NAME   |                  |   |                         | 14. MOTHER'S MAIDEN NAME  |                 |  |                  |
| <u>John Finzel</u>  |                  |   |                         | <u>Rachel Bolden</u>  |                 |  |                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)   |                  | 16. SOCIAL SECURITY NO.   |                         | 17. INFORMANT & ADDRESS   |                 |  |                  |
| (If Yes, give war or dates of service)  |                  | <u>None</u>   |                         | <u>Roy Metz, Finzel, Md.</u>  |                 |  |                  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |                  |   |                         | 18. MEDICAL CERTIFICATION   |                 |  |                  |
| <input checked="" type="checkbox"/> IMMEDIATE CAUSE (A) <u>Carcinoma of Cervix - grade IV C</u>   |                  |   |                         | INTERVAL BETWEEN ONSET AND DEATH                                      |                 |  |                  |
| ANTECEDENT CAUSE(S) DUE TO (B) <u>metastasis all over body -</u>  |                  |   |                         | <u>1 year -</u>   |                 |  |                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  |                  |   |                         |   |                 |  |                  |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  |                  |   |                         |   |                 |  |                  |
| 19a. DATE OF OPERATION  |                  | 19b. MAJOR FINDINGS OF OPERATION  |                         | 20. AUTOPSY?  |                 |  |                  |
|   |                  |   |                         | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                 |  |                  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                  | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)  |                         | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)          |                 |  |                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |                  | 21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> |                         | 21f. HOW DID INJURY OCCUR?  |                 |  |                  |
| 22. I hereby certify that I attended the deceased from <u>Jan. 1955</u> , to <u>Feb. 26, 1956</u> , that I last saw the deceased alive on <u>Feb. 26, 1956</u> , and that death occurred at <u>10:00 PM</u> , from the causes and on the date stated above. |                  |   |                         |   |                 |  |                  |
| SIGNATURE   |                  | ADDRESS (Street, city, town, state)   |                         | DATE SIGNED   |                 |  |                  |
| <u>John B. Davis</u>  |                  | <u>Frostburg, Md.</u>   |                         | <u>2/28/56</u>  |                 |  |                  |
| 23. BURIAL, CREMATION, REMOVAL (Specify)  |                  | DATE THEREOF  |                         | NAME OF CEMETERY OR CREMATORY   |                 | LOCATION (City, town, or county) (State) |                  |
| <u>Burial</u>   |                  | <u>2-29-1956</u>  |                         | <u>Finzel Cemetery</u>  |                 | <u>Finzel, Md.</u>                       |                  |
| 24. REC'D BY REGISTRAR  |                  | REGISTRAR'S SIGNATURE   |                         | 25. FUNERAL DIRECTOR'S SIGNATURE                                      |                 | ADDRESS                                  |                  |
| DATE <u>2-29-56</u>   |                  | <u>Mr. Nancy A. Rose</u>  |                         | <u>Joseph R. Durst, Frostburg, Md.</u>                                |                 |  |                  |

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01803

## 1817 CERTIFICATE OF DEATH

Reg. Dist. No. 156

|   |                                  |  |   |  |                                |   |                                |
|---|----------------------------------|--|---|--|--------------------------------|---|--------------------------------|
| 1. PLACE OF DEATH   |                                  |  |   | 2. USUAL RESIDENCE (HOME) OF DECEASED  |                                |   |                                |
| COUNTY <u>Garrett</u>   |                                  | MARYLAND   |   | STATE <u>Maryland</u>  |                                | COUNTY <u>Garrett</u>   |                                |
| CITY (If outside corporate limits, write RURAL and give nearest town)<br>TOWN <u>Oakland</u>  |                                  | LENGTH OF STAY (in this place)<br><u>54 yrs.</u>   |   | CITY (If outside corporate limits, write RURAL and give nearest town)<br>TOWN <u>Oakland</u> |                                |   |                                |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett Co. Mem. Hospital</u>  |                                  |  |   | STREET ADDRESS (If rural give location)  |                                |   |                                |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)<br><u>Elizabeth Mitchell Naylor</u>   |                                  |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>February 10, 1956</u>                            |                                |   |                                |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)<br><u>Married</u>                                     | 8. DATE OF BIRTH<br><u>April 13, 1901</u> | 9. AGE last birthday<br><u>54</u> yrs.   | IF UNDER 1 YEAR<br>Months Days |   | IF UNDER 24 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>   |   | 11. BIRTHPLACE (State or foreign country)<br><u>Maryland</u>                                 |                                | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                   |                                |
| 13. FATHER'S NAME<br><u>Edwin Mitchell</u>  |                                  |  |   | 14. MOTHER'S MAIDEN NAME<br><u>Olivia Button</u>   |                                |   |                                |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)<br><u>no</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>-----</u>  |   | 17. INFORMANT & ADDRESS<br><u>S. T. Naylor Oakland, Md.</u>                                  |                                |   |                                |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |                                  |  |   | 18. MEDICAL CERTIFICATION  |                                |   |                                |
| IMMEDIATE CAUSE (A) <u>Carcinomatosis, primary in ovary</u>   |                                  |  |   | INTERVAL BETWEEN ONSET AND DEATH   |                                |   |                                |
| ANTECEDENT CAUSE(S) DUE TO  |                                  |  |   |  |                                |   |                                |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (B)  |                                  |  |   |  |                                |   |                                |
|   |                                  |  |   |  |                                |   |                                |
|   |                                  |  |   |  |                                |   |                                |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  |                                  |  |   |  |                                |   |                                |
| 19a. DATE OF OPERATION<br><u>April '53</u>  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Carcinoma of ovary</u>  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>             |                                |   |                                |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)  |                                  | 21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)                                 |   | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)                                 |                                |   |                                |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |                                  | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?   |                                |   |                                |
| 22. I hereby certify that I attended the deceased from <u>4/14</u> , 19 <u>53</u> , to <u>2/10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/10</u> , 19 <u>56</u> , and that death occurred at <u>10:00A</u> , from the causes and on the date stated above. |                                  |  |   |  |                                |   |                                |
| SIGNATURE<br><u>Joseph Alvarez, M.D.</u>  |                                  |  |   | ADDRESS (Street, city, town, state)<br><u>1013 Bird St. Oakland, Md.</u>                     |                                | DATE SIGNED<br><u>2/10/56</u>                                   |                                |
| 23. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | DATE THEREOF<br><u>2/12/1956</u>   |   | NAME OF CEMETERY OR CREMATORY<br><u>Oakland Cemetery</u>                                     |                                | LOCATION (City, town, or county) (State)<br><u>Oakland, Md.</u> |                                |
| 24. REC'D BY REGISTRAR<br><u>2/15/56</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>Julius H. Howan</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Robert C. Ferguson</u>                                |                                | ADDRESS<br><u>Oakland, Md.</u>                                  |                                |

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate must be submitted to the registrar for use as a burial transit permit.

VII AISC 1-55 11M

EDWARD A. R.

FEB

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1818  
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

04504  
No. 166

|  |  |  |  |   |  |  |   |
|--|--|--|--|---|--|--|---|
| 1. PLACE OF DEATH:   |  |  |  | 2. USUAL RESIDENCE (HOME) OF DECEASED:  |  |  |   |
| COUNTY <b>Garrett</b>  |  | MARYLAND   |  | STATE <b>Maryland</b> COUNTY <b>Garrett</b>   |  |  |   |
| CITY (If outside corporate limits, write RURAL OR and give nearest town)<br>TOWN <b>Deer Park</b>  |  | LENGTH OF STAY (in this place)<br><b>42 Yrs</b>  |  | CITY (If outside corporate limits write RURAL and give nearest town)<br>OR<br>TOWN <b>D eer Park</b> <span style="float: right;">X</span>   |  |  |   |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS  |  |  |  | STREET ADDRESS (If rural, give location)  |  |  |   |
| 3. NAME OF DECEASED:<br>(Type or Print)  |  |  |  | 4. DATE OF DEATH  |  |  |   |
| (First) <b>UGHY</b>  |  | (Middle) <b>Edward</b>   |  | (Last) <b>PAUGH</b>   |  | (Month) (Day) (Year)<br><b>February 15 19 56</b>                                   |   |
| 5. SEX:<br><b>Male</b>   |  | 6. COLOR OR RACE:<br><b>White</b>  |  | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)<br><b>Single</b>   |  | 8. DATE OF BIRTH:<br><b>June 21, 1913</b>  |   |
| 9. AGE last birthday: <b>42</b> yrs.   |  | 10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <b>Miner</b>  |  | 11. BIRTHPLACE (State or foreign country):<br><b>Deer Park, Md.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                      |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <b>Miner</b>   |  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY:<br><b>Coal Mines</b>   |  | 11. BIRTHPLACE (State or foreign country):<br><b>Deer Park, Md.</b>                |   |
| 13. FATHER'S NAME:<br><b>Joseph H. Paugh</b>   |  |  |  | 14. MOTHER'S MAIDEN NAME:<br><b>Eliza Augusta Paugh</b>   |  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) <b>No</b>   |  | 16. SOCIAL SECURITY No.: <b>230-10-1051</b>  |  | 17. INFORMANT & ADDRESS:<br><b>George Paugh, Deer Park, Md.</b>   |  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) <b>No</b>   |  | 16. SOCIAL SECURITY No.: <b>230-10-1051</b>  |  | 17. INFORMANT & ADDRESS:<br><b>George Paugh, Deer Park, Md.</b>   |  |  |   |
| 18. MEDICAL CERTIFICATION  |  |  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:   |  |  |  |   |  |  |   |
| Immediate cause (a) ..... <b>Brainial Epilepsy</b> .....<br>DUE TO<br>Antecedent cause(s) (b) .....<br>Diseases or conditions, if any, giving rise to the above cause DUE TO<br>stating underlying cause last (c) .....  |  |  |  |   |  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH   |  |  |  |   |  |  |   |
| 19a. DATE OF OPERATION:  |  | 19b. MAJOR FINDING OF OPERATION:   |  |   |  |  | 20. AUTOPSY?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH   |  | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY                                 |  | 21c. (City or town) (County)  |  | (State)  |   |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY  |  | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?  |  |  |   |
| 22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . |  |  |  |   |  |  |   |
| SIGNATURE<br><b>John H. Paugh</b>  |  |  |  | CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED<br>DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/><br>ASSISTANT MEDICAL EXAM. <input type="checkbox"/> <b>2/16/56</b> |  |  |   |
| 23. BURIAL, CREMATION, REMOVAL (Specify): <b>Burial</b>  |  | DATE THEREOF <b>2/18/56</b>  |  | NAME OF CEMETERY OR CREMATORY <b>Paugh Cemetery</b>   |  | LOCATION (City, town, or county) (State)<br><b>near Deer Park, Garrett Co. Md.</b> |   |
| DATE RECD BY LOCAL REG. <b>2/17/56</b>   |  | REGISTRAR'S SIGNATURE<br><b>Julius A. Rowan</b>  |  | 24. FUNERAL DIRECTOR<br><b>Otha F. Sharpless, Blaine, W. Va.</b>  |  |  |   |

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9/10/10



**INSTRUCTIONS**

**1**

**TO ATTENDING PHYSICIAN OR HOSPITAL** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be released by the hospital to the attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VA 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1819 CERTIFICATE OF DEATH

Reg. Dist. No. 01805  
166

|  |                                  |  |  |  |  |  |  |
|--|----------------------------------|--|--|--|--|--|--|
| <b>1. PLACE OF DEATH</b>   |                                  |  |  | <b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>   |  |  |  |
| COUNTY <u>Garrett</u>  |                                  | STATE <u>Maryland</u>  |  | COUNTY <u>Garrett</u>  |  |  |  |
| CITY (If outside corporate limits, write RURAL and give nearest town)<br><u>Oakland</u>  |                                  | LENGTH OF STAY (in this place)<br><u>4 1/2 days</u>  |  | CITY (If outside corporate limits, write RURAL and give nearest town)<br><u>Oakland</u>  |  |  |  |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett County Memorial Hospital</u>  |                                  |  |  | STREET ADDRESS (If rural give location)<br><u>117 Second Street</u>                      |  |  |  |
| 3. <b>TYPE OR OCCASION</b> (Type or Print)<br><u>Richard</u>   |                                  | (Middle)<br><u>Edward</u>  |  | (Last)<br><u>Plank</u>   |  | 4. <b>DATE</b> (Month) (Day) (Year)<br><b>DEATH</b> <u>February 18</u> <u>1956</u> |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)<br><u>Single</u>                                      | 8. DATE OF BIRTH<br><u>February 13, 1956</u> |  | 9. AGE last birthday<br>yrs. <u>64</u> | IF UNDER 1 YEAR<br>Months <u>64</u>  | IF UNDER 24 HRS.<br>Hours <u>64</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Maryland</u>                             |  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13. FATHER'S NAME<br><u>Arthur Richard Plank</u>   |                                  |  |  | 14. MOTHER'S MAIDEN NAME<br><u>Alice Susan Lohr</u>                                      |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)  |                                  | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT & ADDRESS<br><u>117 Second Street, Alice Susan Lohr, Oakland, Maryland</u> |  |  |  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH   |                                  |  |  | 18. MEDICAL CERTIFICATION  |  |  |  |
| IMMEDIATE CAUSE (A) <u>Prematurity</u>   |                                  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Since Birth</u>                                   |  |  |  |
| ANTECEDENT CAUSE(S) DUE TO   |                                  |  |  |  |  |  |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO   |                                  |  |  |  |  |  |  |
| (C)  |                                  |  |  |  |  |  |  |
| 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |                                  |  |  |  |  |  |  |
| 19a. DATE OF OPERATION<br><u>None</u>  |                                  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>      |  |  |  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)   |                                  | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)                                 |  | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)                             |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>   |                                  | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>2/13</u> , 19 <u>56</u> , to <u>2/18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/18</u> , 19 <u>56</u> , and that death occurred at <u>8:15 A.M.</u> from the causes and on the date stated above. |                                  |  |  |  |  |  |  |
| SIGNATURE<br><u>Thomas J. Lohr</u> M.D.  |                                  |  |  | ADDRESS (Street, city, town, state)<br><u>Oakland Md</u>                                 |  | DATE SIGNED<br><u>2/18/56</u>  |  |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY)<br><u>BURIAL</u>  |                                  | DATE THEREOF<br><u>Feb 19 1956</u>   |  | NAME OF CEMETERY OR CREMATORY<br><u>Pleasant Valley</u>                                  |  | LOCATION (City, town, or county) (State)<br><u>Near Oakland Md</u>                 |  |
| 24. RECEIVED BY REGISTRAR<br><u>2/19/56</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>Julia A Rowan</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Emory Bolden</u>                                  |  | ADDRESS<br><u>OAKLAND MD</u>   |  |

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## INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1820

## CERTIFICATE OF DEATH

01806

Reg. Dist. No. 163

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH<br>COUNTY <u>Garrett</u><br>CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bloomington</u><br>TOWN <u>Bloomington</u><br>HOSPITAL OR INSTITUTION OR STREET ADDRESS  |                                  | 2. USUAL RESIDENCE (HOME) OF DECEASED<br>STATE <u>Maryland</u> COUNTY <u>Garrett</u><br>CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bloomington</u><br>TOWN <u>Bloomington</u><br>STREET ADDRESS (If rural give location) |  |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)<br><u>Charlotte Agnes Potter</u>  |                                  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb. 9 19 56</u>   |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>  | 8. DATE OF BIRTH<br><u>July 20. 1878</u>                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>own home</u>   | 9. AGE last birthday<br><u>77</u> yrs.                                   |
| 11. BIRTHPLACE (State or foreign country)<br><u>Virginia</u>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |
| 13. FATHER'S NAME<br><u>Richard Sisson</u>  |                                  | 14. MOTHER'S MAIDEN NAME<br><u>Charlotte Bell</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  |                                  | 16. SOCIAL SECURITY NO.  |  |
| 17. INFORMANT & ADDRESS<br><u>Mrs. Lester Barnard-Bloomington, Md.</u>  |                                  |  |  |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |                                  |  | 18. MEDICAL CERTIFICATION  |
| IMMEDIATE CAUSE (A) <u>Coronary heart Disease,</u>  |                                  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3yrs</u>                          |
| ANTECEDENT CAUSE(S) DUE TO (B) <u>Cerebral Hemorrhage</u>   |                                  |  | <u>7yrs ago</u>  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Epilepsy Grand mal</u>  |                                  |  | <u>12 yrs</u>  |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  |                                  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                                  | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)   |  |
| 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)  |                                  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Nov 1955</u>   |  |
| 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>  |                                  | 21f. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from <u>Nov 1955</u> , to <u>Feb. 9th 1956</u> , that I last saw the deceased alive on <u>Feb. 8th 1956</u> and that death occurred at <u>1:30 PM</u> from the causes and on the date stated above. |                                  |  |  |
| SIGNATURE <u>[Signature]</u>  |                                  | ADDRESS (Street, city, town, state) <u>[Signature]</u> DATE SIGNED <u>7/10/56</u>  |  |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>  |                                  | NAME OF CEMETERY OR CREMATORY <u>Jerusalem Cem</u>   |  |
| DATE THEREOF <u>2/10/56</u>   |                                  | LOCATION (City, town, or county) (State) <u>Emmerton, Va.</u>  |  |
| 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE <u>[Signature]</u>   |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Westernport, Md.</u>  |  |
| DATE <u>2-10-56</u>   |                                  |  |  |

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## INSTRUCTIONS

**1**

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01807

## 1821 CERTIFICATE OF DEATH

Reg. Dist. No. 66

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| <b>1. PLACE OF DEATH</b>   |  |   |  | <b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>                          |  |   |  |
| COUNTY <u>Garrett</u>  |  | MARYLAND  |  | STATE <u>Maryland</u>   |  | COUNTY <u>Garrett</u>                           |  |
| CITY (If outside corporate limits, write RURAL and give nearest town)  |  | LENGTH OF STAY (In this place)  |  | CITY (If outside corporate limits, write RURAL and give nearest town) |  |   |  |
| X TOWN <u>Oakland</u>  |  | <u>5 Yrs.</u>   |  | TOWN <u>Rural Oakland</u>   |  |   |  |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cuppett Nursing Home</u>  |  |   |  | STREET ADDRESS (If rural give location) <u>Route #2 Oakland, Md.</u>  |  |   |  |
| <b>3. NAME OF</b> (First) (Middle) (Last)  |  |   |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)                          |  |   |  |
| <u>Almedia Gauer Reed</u>  |  |   |  | <u>Feb. 10, 1956</u>  |  |   |  |
| <b>5. SEX</b>  |  | <b>6. COLOR OR RACE</b>   |  | <b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b>               |  | <b>8. DATE OF BIRTH</b>                         |  |
| <u>Female</u>  |  | <u>White</u>  |  | <u>Widowed</u>  |  | <u>Aug. 8, 1868</u>                             |  |
| <b>9. AGE last birthday</b>  |  | <b>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b>             |  | <b>11. BIRTHPLACE (State or foreign country)</b>                      |  | <b>12. CITIZEN OF WHAT COUNTRY?</b>             |  |
| <u>87 yrs.</u>   |  | <u>House Wife</u>   |  | <u>Maryland</u>   |  | <u>U.S.A.</u>                                   |  |
| <b>13. FATHER'S NAME</b>   |  |   |  | <b>14. MOTHER'S MAIDEN NAME</b>                                       |  |   |  |
| <u>George H. Gauer</u>   |  |   |  | <u>Rachel Sell</u>  |  |   |  |
| <b>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)</b>  |  |   |  | <b>16. SOCIAL SECURITY NO.</b>  |  | <b>17. INFORMANT &amp; ADDRESS</b>              |  |
| <u>no</u>  |  |   |  | <u>-----</u>  |  | <u>George Coddington - Oakland, Md.</u>         |  |
| <b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>  |  |   |  | <b>18. MEDICAL CERTIFICATION</b>                                      |  |   |  |
| IMMEDIATE CAUSE (A)  |  |   |  | <u>Infirmities of Age</u>   |  |   |  |
| ANTECEDENT CAUSE(S) DUE TO   |  |   |  |   |  |   |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE   |  |   |  |   |  |   |  |
| STATING UNDERLYING CAUSE LAST, DUE TO (C)  |  |   |  |   |  |   |  |
| <b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>  |  |   |  |   |  |   |  |
| <b>19a. DATE OF OPERATION</b>  |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |  | <b>20. AUTOPSY?</b>   |  |   |  |
|  |  |   |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |  |
| <b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>  |  | <b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>                                 |  | <b>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</b>   |  |   |  |
|  |  |   |  |   |  |   |  |
| <b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)</b>  |  | <b>21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/></b> |  | <b>21f. HOW DID INJURY OCCUR?</b>                                     |  |   |  |
|  |  |   |  |   |  |   |  |
| <b>22. I hereby certify that I attended the deceased from <u>Feb. 10, 1956</u>, to <u>Feb. 10, 1956</u>, that I last saw the deceased alive on <u>Feb. 10, 1956</u>, and that death occurred at <u>9:15P</u> M., from the causes and on the date stated above.</b> |  |   |  |   |  |   |  |
| <b>SIGNATURE</b> <u>Arthur F. Jones</u>  |  |   |  | <b>ADDRESS (Street, city, town, state)</b> <u>Oakland Md</u>          |  | <b>DATE SIGNED</b> <u>2-13-56</u>               |  |
| <b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b>  |  |   |  | <b>NAME OF CEMETERY OR CREMATORY</b>                                  |  | <b>LOCATION (City, town, or county) (State)</b> |  |
| <u>Burial</u>  |  |   |  | <u>Red House Church Cem.</u>  |  | <u>Garrett Co., Md.</u>                         |  |
| <b>24. REC'D BY REGISTRAR</b>  |  | <b>REGISTRAR'S SIGNATURE</b>  |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b>                               |  | <b>ADDRESS</b>                                  |  |
| <u>2/13/1956</u>   |  | <u>Arthur F. Jones</u>  |  | <u>Herbert S. Leighton</u>  |  | <u>Oakland, Md.</u>                             |  |

SMITH R. J.

1966

RECEIVED

**1** **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 1822 CERTIFICATE OF DEATH

01808/66

Reg. Dist. No. ....

Item 9, FilmG193 3-6-56 et

|   |                  |  |                        |  |                 |  |                  |
|---|------------------|--|------------------------|--|-----------------|--|------------------|
| 1. PLACE OF DEATH   |                  |  |                        | 2. USUAL RESIDENCE (HOME) OF DECEASED                                  |                 |  |                  |
| COUNTY <u>GARRETT</u>   |                  | STATE <u>MD</u>  |                        | COUNTY <u>GARRETT</u>  |                 |  |                  |
| CITY (If outside corporate limits, write RURAL and give nearest town)   |                  | LENGTH OF STAY (in this place)   |                        | CITY (If outside corporate limits, write RURAL and give nearest town)  |                 |  |                  |
| TOWN <u>RURAL OAKLAND MD</u>  |                  |  |                        | TOWN <u>RURAL OAKLAND MD</u>   |                 |  |                  |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS   |                  |  |                        | STREET ADDRESS (If rural give location)                                |                 |  |                  |
| 3. NAME OF DECEASED (First) (Middle) (Last)   |                  |  |                        | 4. DATE OF DEATH (Month) (Day) (Year)                                  |                 |  |                  |
| <u>ANNA A SINES</u>   |                  |  |                        | <u>FEB - 13 1956</u>   |                 |  |                  |
| 5. SEX  | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)   | 8. DATE OF BIRTH       | 9. AGE last birthday   | IF UNDER 1 YEAR |  | IF UNDER 24 HRS. |
| <u>FEMALE</u>   | <u>WHITE</u>     | <u>MARRIED</u>   | <u>MAY - 27 - 1882</u> | <u>73</u> yrs.   |                 |  |                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                  | 10b. KIND OF BUSINESS OR INDUSTRY  |                        | 11. BIRTHPLACE (State or foreign country)                              |                 | 12. CITIZEN OF WHAT COUNTRY?             |                  |
| <u>HOUSEWIFE</u>  |                  |  |                        | <u>UNIONTOWN, PA.</u>  |                 | <u>U.S.</u>                              |                  |
| 13. FATHER'S NAME   |                  |  |                        | 14. MOTHER'S MAIDEN NAME   |                 |  |                  |
| <u>ABRAHAM MEEKS</u>  |                  |  |                        | <u>CORNELIA SINES</u>  |                 |  |                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)   |                  | 16. SOCIAL SECURITY NO.  |                        | 17. INFORMANT & ADDRESS  |                 |  |                  |
|   |                  |  |                        | <u>WALTER SINES</u>  |                 | <u>OAKLAND MD</u>                        |                  |
| 18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  |                  |  |                        | 19. MEDICAL CERTIFICATION  |                 |  |                  |
| IMMEDIATE CAUSE (A) <u>Myocardial Infarction</u>  |                  |  |                        | INTERVAL BETWEEN ONSET AND DEATH                                       |                 |  |                  |
| ANTECEDENT CAUSE(S) DUE TO (B) <u>Sclerotic Heart Disease</u>   |                  |  |                        | <u>Yes.</u>  |                 |  |                  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)  |                  |  |                        |  |                 |  |                  |
| 20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.   |                  |  |                        |  |                 |  |                  |
| 19a. DATE OF OPERATION  |                  | 19b. MAJOR FINDINGS OF OPERATION   |                        | 20. AUTOPSY?   |                 |  |                  |
|   |                  |  |                        | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>    |                 |  |                  |
| 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |                  | 21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)                                 |                        | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)           |                 |  |                  |
|   |                  |  |                        |  |                 |  |                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)  |                  | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> |                        | 21f. HOW DID INJURY OCCUR?   |                 |  |                  |
|   |                  |  |                        |  |                 |  |                  |
| 22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>53</u> , to <u>Oct</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 12, 1955</u> and that death occurred at <u>5 A.M.</u> from the causes and on the date stated above. |                  |  |                        |  |                 |  |                  |
| SIGNATURE <u>John H. Jones, Jr.</u>   |                  |  |                        | ADDRESS (Street, city, town, state) <u>582 W. St. Oakland MD 21426</u> |                 |  |                  |
| M.D. <u>582 W. St. Oakland MD 21426</u>   |                  |  |                        |  |                 |  |                  |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY)  |                  | DATE THEREOF   |                        | NAME OF CEMETERY OR CREMATORY  |                 | LOCATION (City, town, or county) (State) |                  |
| <u>BURIAL</u>   |                  | <u>FEB - 15 - 1956</u>   |                        | <u>BRAY CEMETERY</u>   |                 | <u>NEAR OAKLAND MD.</u>                  |                  |
| 24. REC'D BY REGISTRAR  |                  | REGISTRAR'S SIGNATURE  |                        | 25. FUNERAL DIRECTOR'S SIGNATURE                                       |                 | ADDRESS                                  |                  |
| <u>2/15/56</u>  |                  | <u>John A. Rowan, Jr.</u>  |                        | <u>Emory Bolden</u>  |                 | <u>OAKLAND MD.</u>                       |                  |

311.

1.  $\frac{1}{2}$  2.  $\frac{1}{2}$  3.  $\frac{1}{2}$  4.  $\frac{1}{2}$  5.  $\frac{1}{2}$  6.  $\frac{1}{2}$  7.  $\frac{1}{2}$  8.  $\frac{1}{2}$  9.  $\frac{1}{2}$  10.  $\frac{1}{2}$

31, 1907

5-2-98



1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01809

1823 **CERTIFICATE OF DEATH**

Item 2, Film G192 2-20-56 et

Reg. Dist. No. ....

|   |                                  |   |  |   |   |   |  |
|---|----------------------------------|---|--|---|---|---|--|
| <b>1. PLACE OF DEATH</b>  |                                  |   |  | <b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>  |   |   |  |
| COUNTY <u>Garrett</u>   |                                  | STATE <u>Maryland</u> COUNTY <u>Garrett</u>   |  | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Addison, Pa., RD. Bowers Ridge</u> |   | TOWN <u>Addison, Pa., RD. Bowers Ridge</u>  |  |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural.</u>   |                                  | LENGTH OF STAY (In this place) <u>84 yrs</u>  |  | STREET ADDRESS (If rural give location) <u>District # 5</u>   |   | HOSPITAL OR INSTITUTION OR STREET ADDRESS   |  |
| <b>3. NAME OF DECEASED</b> (First) <u>Isaac</u> (Middle) <u>Turney.</u> (Last)  |                                  |   |  | <b>4. DATE OF DEATH</b> (Month) <u>2</u> (Day) <u>9</u> (Year) <u>1956.</u>                                 |   |   |  |
| <b>5. SEX</b> <u>M</u>  | <b>6. COLOR OR RACE</b> <u>W</u> | <b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Single</u>   | <b>8. DATE OF BIRTH</b> <u>2-6-1872.</u> | <b>9. AGE last birthday</b> <u>84</u> yrs.  | <b>IF UNDER 1 YEAR</b> (Months) <u>2</u> (Days) <u>9</u> (Hours) <u>56.</u> |   | <b>IF UNDER 24 HRS.</b> (Hours) <u>56.</u> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Shoemaker.</u>  |                                  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b>  |  | <b>11. BIRTHPLACE</b> (State or foreign country) <u>Garrett Co, Maryland.</u>                               |   | <b>12. CITIZEN OF WHAT COUNTRY?</b>   |  |
| <b>13. FATHER'S NAME</b> <u>Joseph Turney.</u>  |                                  |   |  | <b>14. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Hileman.</u>   |   |   |  |
| <b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) <u>No</u> (If Yes, give war or detas of service)   |                                  | <b>16. SOCIAL SECURITY NO.</b> <u>None.</u>   |  | <b>17. INFORMANT'S ADDRESS</b> <u>Reeph Beaver Addison, Pa. RD</u>  |   |   |  |
| <b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>   |                                  |   |  | <b>18. MEDICAL CERTIFICATION</b>  |   |   |  |
| IMMEDIATE CAUSE (A) <u>Acute pulmonary edema</u>  |                                  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>Pneumonia</u>   |   |   |  |
| ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic heart disease</u>  |                                  |   |  | <u>20 years</u>   |   |   |  |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Generalized arteriosclerosis</u>  |                                  |   |  | <u>20 years</u>   |   |   |  |
| <b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>   |                                  |   |  |   |   |   |  |
| <b>19a. DATE OF OPERATION</b> <u>None</u>   |                                  | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |  |   |   | <b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| <b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>   |                                  | <b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>                                 |  | <b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)   |   |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (M.)   |                                  | <b>21e. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> |  | <b>21f. HOW DID INJURY OCCUR?</b>   |   |   |  |
| <b>22. I hereby certify that I attended the deceased from</b> <u>Jan. 30, 1955</u> <b>to</b> <u>Feb 9, 1956</u> <b>that I last saw the deceased alive on</b> <u>Feb 7, 1956</u> <b>and that death occurred at</b> <u>8:30 AM</u> <b>from the causes and on the date stated above.</b> |                                  |   |  |   |   |   |  |
| <b>SIGNATURE</b> <u>A. Paige Strong</u> M.D.  |                                  |   |  | <b>DATE SIGNED</b> <u>2/10/56</u>   |   |   |  |
| <b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <u>Burial</u>   |                                  |   |  | <b>24. REC'D BY REGISTRAR</b> <u>Feb 11, 1956</u>   |   |   |  |
| <b>DATE THEREOF</b> <u>2-12-56.</u>   |                                  |   |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Mrs Ruth Frantz Dep. H.B. Rishelberger, Addison, Pa</u>          |   |   |  |
| <b>NAME OF CEMETERY OR CREMATORY</b> <u>Hetz Cemetery.</u>  |                                  |   |  | <b>LOCATION (City, town, or county)</b> <u>Garrett Co, Maryland.</u>  |   |   |  |

11-21-52

NEW YORK STATE DEPARTMENT OF HEALTH-BALTIMORE 11

# CERTIFICATE OF DEATH

BUREAU V. S.

FEB 15 1952

RECEIVED

**1** **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

018110

1824

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

|  |                         |   |                         |   |                        |  |                         |
|--|-------------------------|---|-------------------------|---|------------------------|--|-------------------------|
| <b>1. PLACE OF DEATH</b>   |                         |   |                         | <b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>                          |                        |  |                         |
| COUNTY <u>GARRETT</u>  |                         | MARYLAND  |                         | STATE <u>MARYLAND</u>   |                        | COUNTY <u>GARRETT</u>                                  |                         |
| CITY (If outside corporate limits, write RURAL and give nearest town)  |                         | LENGTH OF STAY (In this place)  |                         | CITY (If outside corporate limits, write RURAL and give nearest town) |                        |  |                         |
| X TOWN <u>OAKLAND</u>  |                         |   |                         | TOWN <u>OAKLAND</u>   |                        | X  |                         |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>70 GARRETT CO. MEMORIAL HOSPITAL</u>  |                         |   |                         | STREET ADDRESS (If rural give location) <u>18 THIRD STREET</u>        |                        |  |                         |
| <b>3. NAME OF DECEASED</b> (First) (Middle) (Last)   |                         |   |                         | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)                          |                        |  |                         |
| <u>ANNIE GRACE WELLING</u>   |                         |   |                         | <u>FEBRUARY 7, 1956</u>   |                        |  |                         |
| <b>5. SEX</b>  | <b>6. COLOR OR RACE</b> | <b>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)</b>  | <b>8. DATE OF BIRTH</b> | <b>9. AGE last birthday</b>   | <b>IF UNDER 1 YEAR</b> |  | <b>IF UNDER 24 HRS.</b> |
| <u>FEMALE</u>  | <u>WHITE</u>            | <u>MARRIED</u>  | <u>JULY 1, 1881</u>     | <u>74</u> yrs.  | Months                 | Days   | Hours Min.              |
| <b>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b>   |                         | <b>10b. KIND OF BUSINESS OR INDUSTRY</b>  |                         | <b>11. BIRTHPLACE (State or foreign country)</b>                      |                        | <b>12. CITIZEN OF WHAT COUNTRY?</b>                    |                         |
| <u>HOUSEWIFE</u>   |                         |   |                         | <u>MARYLAND</u>   |                        | <u>U.S.A.</u>  |                         |
| <b>13. FATHER'S NAME</b>   |                         |   |                         | <b>14. MOTHER'S MAIDEN NAME</b>                                       |                        |  |                         |
| <u>CLOSE, JOHN</u>   |                         |   |                         | <u>BECKMAN, MARY ELIZABETH</u>  |                        |  |                         |
| <b>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)</b>   |                         |   |                         | <b>16. SOCIAL SECURITY NO.</b>  |                        | <b>17. INFORMANT &amp; ADDRESS</b>                     |                         |
| (If Yes, give war or dates of service)   |                         |   |                         |   |                        | <u>HOUSEAND, GEORGE WELLING, 18 THIRD ST., OAKLAND</u> |                         |
| <b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>   |                         |   |                         |   |                        | <b>INTERVAL BETWEEN ONSET AND DEATH</b>                |                         |
| <u>592X</u> IMMEDIATE CAUSE (A) <u>Chronic Glomerular Nephritis</u>  |                         |   |                         |   |                        | <u>3 yr</u>  |                         |
| ANTECEDENT CAUSE(S) DUE TO (B) <u>Coronary Heart Failure</u>   |                         |   |                         |   |                        | <u>10 yr</u>   |                         |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)   |                         |   |                         |   |                        |  |                         |
| <b>II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>   |                         |   |                         |   |                        | <u>50 yr</u>   |                         |
| <u>Bronchial Asthma</u>  |                         |   |                         |   |                        |  |                         |
| <b>19a. DATE OF OPERATION</b>  |                         | <b>19b. MAJOR FINDINGS OF OPERATION</b>   |                         |   |                        |  |                         |
|  |                         |   |                         |   |                        |  |                         |
| <b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>  |                         | <b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>                                 |                         | <b>21c. WHERE DID INJURY OCCUR? (City or town)</b>                    |                        | <b>(County) (State)</b>                                |                         |
|  |                         |   |                         |   |                        |  |                         |
| <b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour)</b>   |                         | <b>21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/></b> |                         | <b>21f. HOW DID INJURY OCCUR?</b>                                     |                        |  |                         |
|  |                         |   |                         |   |                        |  |                         |
| <b>22. I hereby certify that I attended the deceased from <u>Nov</u>, 19<u>43</u>, to <u>Feb</u>, 19<u>56</u>, that I last saw the deceased alive on <u>Feb 6</u>, 19<u>55</u>, and that death occurred at <u>3:54 AM</u>, from the causes and on the date stated above.</b> |                         |   |                         |   |                        |  |                         |
| <b>SIGNATURE</b>   |                         |   |                         | <b>ADDRESS (Street, city, town, state)</b>                            |                        | <b>DATE SIGNED</b>                                     |                         |
| <u>E. J. Bauman for</u>  |                         |   |                         | <u>2000 St. Oakland Md</u>  |                        | <u>2/7/56</u>  |                         |
| M.D.   |                         |   |                         |   |                        |  |                         |
| <b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b>  |                         | <b>DATE THEREOF</b>   |                         | <b>NAME OF CEMETERY OR CREMATORY</b>                                  |                        | <b>LOCATION (City, town, or county)</b>                |                         |
| <u>BURIAL</u>  |                         | <u>FEB-9-1956</u>   |                         | <u>OAKLAND CEMETERY</u>   |                        | <u>OAKLAND</u>   |                         |
| <b>24. REC'D BY REGISTRAR</b>  |                         | <b>REGISTRAR'S SIGNATURE</b>  |                         | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b>                               |                        | <b>ADDRESS</b>   |                         |
| <u>2/9/56</u>  |                         | <u>Julia C. Rowan, P.K.</u>   |                         | <u>Emory Bolden</u>   |                        | <u>OAKLAND MD.</u>                                     |                         |

# 1934 - CERTIFICATE OF DEATH

MISSISSIPPI STATE DEPARTMENT OF HEALTH - BIRMINGHAM, ALA.

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF MARRIED

NAME OF DECEASED

DATE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

NAME OF MARRIED

DATE OF DEATH

BUREAU V. S.

FEB 16 1956

RECEIVED

MISSISSIPPI